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Country programme document

Bhutan

Summary

The country programme document (CPD) for Bhutan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,720,000 from regular resources, subject to the availability of funds, and $22,730,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. A nation that has shown impressive socioeconomic gains, Bhutan is a candidate for graduation from least developed country status. Children and adolescents comprise 41 per cent of the total population of 780,000 people (female: 48 per cent; 64 per cent in rural areas), representing a major asset for development and growth. By 2040, this demographic window of opportunity is expected to start closing, with an increasingly ageing population. In addition, most the population will live in urban environments. Such dynamics point to the need for increased investment in the development of children and adolescents.1

2. Poverty reduction has been impressive, with about 8.2 per cent of people considered income-poor in 2017, compared with 23.2 per cent in 2007. This reduction in poverty is reflected in multidimensional poverty rate of 5.8 per cent in 2017 compared with 12.7 per cent in 2012.[2] Reduced child and adult mortality is reflected in the rise in life expectancy from 52.5 years in 1990 to 69.9 years in 2010. The total fertility rate plunged from 6.5 children per woman in 1984 to 1.9 in 2017.

3. Building on the principles of the "gross national happiness" development philosophy of Bhutan, national priorities are articulated in the Government's Twelfth Five-Year Plan (12FYP) 2018–2023, which emphasises coordination and collaboration across sectors. The Government invests 18 per cent of its budget in education and 8 per cent in health care to ensure free basic services for all. Prudent fiscal policies and hydropower investments have facilitated economic growth, which increased to 8 per cent annually (2016) from 2.1 per cent (2013).[3] The country's human development progress has been significant, achieving several Millennium Development Goals.

4. Nonetheless, Bhutan faces challenges to achieve the Sustainable Development Goals. Disparities between population subgroups by wealth quintile, location, gender, age remain acute, contravening Sustainable Development Goal 10 and challenging the "last mile" of development. About 97 per cent of the multidimensionally poor are rural; urban contexts also present complex social issues.[4] The greatest vulnerabilities encompass diverse groups of children and adolescents,[5] with 33.9 percent of children multidimensionally poor.[6] Children with disabilities are particularly disadvantaged, given insufficient mechanisms to respond to their needs compounded by stigma. Access to services, in part because of mountainous terrain, remains a barrier.

5. Major challenges include the need to strengthen high-quality disaggregated data and institutional capacity, particularly at decentralized levels, to effectively implement equity-focused development policies and to prioritize areas lagging in human development in urban and rural settings. Nearly all sectors require enhanced, equity-focused evidence to inform policies and programmes for children, especially the most vulnerable. Little up-to-date analysis is available to indicate the proportion of Government financial allocations for children.

6. The dominant public sector employs comparatively few young people. The private sector is emerging, but overreliance on hydropower increases economic

[1] Population figures to be updated following release of census 2017 report.
[2] Multidimensional poverty index (MPI) 2017.
[3] Royal Monetary Authority of Bhutan, 2016/2017.
[4] Bhutan Living Standards Survey (BLSS) Report 2017.
[5] Children in the poorest wealth quintile; rural children; girls (in general, although sometimes boys specifically); children with disabilities; very young children (0 to 6 years); children in pockets of urban poverty; child monks/nuns; children in the east/south of the country; children in remote areas; working children; children of single/less-educated/alcoholic parents.
[6] Child Multidimensional Poverty Index 2016.

vulnerability through linkages to climate-change impacts. Diminishing contributions from development partners considering the expected graduation from least-developed-country status puts social sector achievements at risk.

7. Bhutan remains a young democracy, with a need to strengthen governance for child rights and forms of democratic engagement, particularly among women. To ensure that no one is left behind, it is necessary to address key cross-cutting issues identified in the 2017 Situation Analysis: (a) gender-specific disparities; (b) early childhood care and development (ECCD); (c) programming for youth/adolescents; (d) children with disabilities; (e) vulnerable rural and urban children and women; (f) resilience, disaster risk reduction and climate change.

8. Bhutan faces a silent emergency in quality of diet. Childhood stunting fell from 33.5 per cent to 21.2 per cent between 2010 and 2015 and the prevalence of anaemia among children under the age of 5 years fell by nearly half between 2003 and 2015 to 43.8 per cent. No gender differences have been found in infant and young child feeding (IYCF) practices, although recent data disaggregated by gender are not available. Anaemia in reproductive-age women is 34.9 per cent, with 31.3 per cent of girls' anaemic.[7] Underlying causes include a shortage of specialized staff and suboptimal IYCF. Undernutrition is closely linked to water, sanitation and hygiene (WASH), yet 37.0 per cent of households still lack access to basic sanitation facilities.[8] Bhutan supplies safe drinking water to 99.5 per cent of the population (2017).[9] However, about 46 per cent of district hospitals face severe water shortages,[10] 54 per cent of schools do not have a sufficient water supply and 22 per cent do not have improved toilets.[11] Field visits have demonstrated that the situation in monastic institutions is even worse. In addition to a need for systems strengthening, other bottlenecks include limited demand in nearly all sectors, quality of social services and social norms are detrimental to children's well-being.

9. Infant and under-5 deaths stand at 30.0 and 37.3 per 1,000 live births, respectively, and 70.0 per cent of infant deaths occur within 28 days of birth.[12] Premature births (36.0 per cent of neonatal deaths), low birth weight and suboptimal care[13] have serious implications for early childhood development. Inequalities in neonatal deaths are related to wealth, the mother's education and geography (e.g., neonatal mortality is 10.3 times higher among the poorest than the richest, and 2 times higher in eastern Bhutan than western Bhutan). Adolescent fertility remains high; about 8.5 per cent of adolescent girls have given birth, while 15.3 per cent were pregnant in 2010.

10. Literacy stands at 66.0 per cent, with wide variations by gender and location (males, 73.4 per cent; females, 59.2 per cent; urban 81.7 per cent; rural 58.3 per cent). ECCD services for children 0 to 3 years need improvement. The enrolment of children 3 to 5 years in preschool remains gender-equitable but low, at 21.8 per cent (2017).[14] By region, variations range from 5.5 per cent to 13.6 per cent (2010). Low preschool coverage is linked to poor school readiness; quality is compromised by low-quality facilities and inadequately trained facilitators.

[7] National Nutrition Survey (NNS) 2015.
[8] BLSS Report 2017.
[9] Multiple indicator cluster survey (MICS) 2010; National Health Survey (NHS) 2012; NNS 2015; BLSS 2017.
[10] Ministry of Health, 2015.
[11] Ministry of Economy, 2017.
[12] Ministry of Health, 2017.
[13] NNS 2015.
[14] UNICEF, 2017.

11. Enrolling all children in school and achieving inclusive quality education are national concerns. About 10,000 children aged 7 to 14 years remain out of school,[15] many likely to be children with disabilities.[16] Grade repetition rates are the second-highest in South Asia.[17] Only 12 out of 515 schools are equipped for special education needs. Challenges to basic education quality include a poor working environment for teachers and the lack of a relevant curriculum.[18] The rate of proficiency achievement in English and mathematics at Grade 10 is 19 per cent and 4 per cent, respectively. Tertiary-level gender parity has not been achieved, indicating a need to improve girls' education.

12. The Government has adopted the Child Care and Protection Act 2011, Child Adoption Act 2012 and Domestic Violence Act 2013 and policies relating to the protection of children have advanced greatly. However, 64.1 per cent of children experience physical violence; 12.8 per cent experience sexual violence (girls, 13.5 per cent; boys, 11.9 per cent). More than half such violence is committed by peers, often during bullying in boarding schools. Children with disabilities are especially vulnerable to violence against children (VAC). Vulnerability to VAC is exacerbated by family fragmentation and urban migration, and may be linked to high rates of violence against women.[19] Child labour stands at 18.4 per cent.[20] Early and forced marriage continue to occur, with 30.8 per cent of girls married before the age of 18 years,[21] particularly in the eastern part of the country, giving rise to early pregnancy and childbearing.

Programme priorities and partnerships

13. To address the above-mentioned issues, the Government has requested strong UNICEF support for the implementation of the 12FYP. On the basis of the organization's comparative advantage, programme priorities were formulated through a highly participatory process with all partners. In the context of the United Nations Delivering as One, the UNICEF vision for the country programme is that, by 2023, every child and adolescent in Bhutan, especially the most vulnerable, increasingly benefits from inclusive and gender-responsive policies, programmes, services and budget allocations at the national and subnational levels. The programme will be focused on populations and areas with the highest disparities and worst child development indicators, especially in the eastern and southern parts of the country.

14. UNICEF will implement five strategies, identified through a causality analysis with national stakeholders: (a) accelerate interventions to address disparities, using a systems-strengthening approach; (b) make programmes fit-for-purpose by addressing data and evidence gaps for policy advocacy; (c) enhance synergies and multi-sectoral interventions; (d) refocus on equity, while maximizing space for innovation; and (e) leverage resources for effective public finance for children. These strategies are aligned with the 12FYP, the Sustainable Development Goals, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of Persons with Disabilities.

15. With equity as an overarching strategy, the country programme aligns with the UNICEF Strategic Plan, 2018–2021, the Gender Action Plan, 2018–2021 and the

[15] MICS 2010 (most recent estimate available).
[16] NSB, Disability Needs Assessment 2017.
[17] Education Statistics 2016.
[18] Education Blueprint 2014–2024.
[19] National Survey on Violence Against Children and Young People, 2016.
[20] Ibid.
[21] MICS 2010.

organization's South Asia regional priorities. The country programme contributes to the United Nations Sustainable Development Partnership Framework (UNSDPF) 2019–2023 for Bhutan. In addition, it will implement the common chapter of the strategic plans of UNICEF, the United Nations Development Programme and the United Nations Population Fund (UNFPA), fostering the contribution to the implementation of the Sustainable Development Goals and supporting joint programming. Interventions addressing joint programmes with other United Nations entities include adolescents and youth, gender-based violence, disability, maternal and child health (World Health Organization (WHO), nutrition (World Food Programme), data and evidence and disaster risk reduction.

16. UNICEF will invest in partnerships with the Government, civil society, academia, communities and development partners at all levels, including the emerging private sector.

17. With the strong role of UNICEF in Bhutan and its capacity to leverage resources for children via global partnerships, the programme components are focused on (a) child survival and development; (b) education; (c) child protection; and (d) social policy. The implementation of these components will enable duty bearers to effectively reach vulnerable children and families, in both rural and urban environments. Coordination will be strengthened to ensure an integrated and gender-responsive approach, combined with targeted policy advocacy, and a focus on resilience and disaster risk reduction through the integration of sector-specific contingency plans in collaboration with the Government, while emphasizing the humanitarian-development continuum.

Child survival and development

18. This component will achieve three key results, focused on newborns, children under the age of 5 years and adolescent girls and boys: (a) improved quality of neonatal and maternal health interventions to reduce high neonatal mortality; (b) reduced stunting and anaemia, along with improved adolescent girls' nutrition; and (c) strengthened WASH in institutions, including health and monastic institutions and schools, and at the household level. The component will underpin the national efforts to reduce the under-five and neonatal mortality rates, stunting, the under-five and adolescent girls' anaemia rate and to increase the proportion of open defecation-free communities.

19. UNICEF will shift increasingly from downstream vertical programmes to upstream ones, integrated health, nutrition and WASH systems strengthening. Thus, to influence the policy environment for the most vulnerable the country programme will support the Government and partners to develop evidence-based strategies, costed action plans and guidelines for quality newborn and maternal care, anaemia and dietary diversity and improved WASH from a social-inclusion and gender-responsive perspectives. The focus will be on quality disaggregated data on maternal, neonatal, child and adolescent health, the determinants of child undernutrition and the linkages between WASH, health, nutrition and learning outcomes.

20. Special attention will be on strengthening the health management information system and monitoring and supervision support through peer-to-peer learning. With the Government and WHO, health workers' capacities will be developed nationwide for quality early essential newborn care and kangaroo mother care, focusing on preterm and low-birth-weight babies. Likewise, health workers will be trained to use a child development screening tool for the early screening of children with disabilities and timely referral. A system for the innovative use of technology for maternal, perinatal and newborn death surveillance will be established, particularly for remote and mountainous areas.

21. Synergies will be fostered to address weak demand and awareness as well as poor utilization of services, including social norms and cultural practices. Knowledge on positive health behaviours among individuals, families and communities in the most high-burden and hard-to-reach districts will be increased, including counselling sessions in selected districts that will teach parents to take care of babies at home, identify danger signs and seek early treatment.

22. Focus will be on birth planning for pregnant women and strengthening of emergency obstetric and neonatal care in all hospitals. With UNFPA, UNICEF will support integrated adolescent-friendly health services focused on adolescent girls' needs, including menstrual hygiene management.

23. Attention also will also be on strengthening health workers' capacities for effective interventions to improve dietary diversity and prevent anaemia; dietary counseling; and iron folic acid supplementation for adolescent girls in and out of school, in nunneries. Family-level feeding practices, particularly for young children, adolescent girls and pregnant and breastfeeding women, and micronutrient powder fortification for children aged 6 to 23 months will be emphasized. Coordination will be enhanced to guide the implementation of a multi-sectoral nutrition and food security strategy. The media will be engaged to make stunting visible.

24. UNICEF will promote the inclusion and strengthening of WASH in health and education institutions and monastic institutions. In addition to those of health workers, communities' capacities will be enhanced to adopt improved sanitation. Emphasis will be on improved hygienic behaviours and open defecation-free status and on enhanced coordination to guide a multi-sectoral national sanitation and hygiene policy. Support will also be given to increasing WASH coverage in hard-to-reach areas and rapidly urbanized sites.

Education

25. This component will focus on the following key results: (a) strengthened national capacity to positively influence education policy, legislation and programme implementation through the high-quality, timely generation and use of evidence; (b) improved stakeholder capacities, especially in the education workforce, to provide efficient, effective, gender-responsive and quality education services that result in improved learning outcomes for all children; and (c) enhanced children's and parents' knowledge on inclusive education, ECCD and the transition to basic education as well as the demand for quality, gender-responsive education, especially at the secondary and tertiary levels

26. Further attention will be quality improvement in preschool education as well as the piloting and upscaling of innovations, including for ECCD in hard-to-reach areas in the east and south, and in potential humanitarian situations. Improved learning, performance and assessment will be emphasized, including the inclusion of children with disabilities and support to quality education for adolescents, particularly girls. Child protection issues in boarding schools and hostels will be addressed. More broadly, attention will be given to disaggregated data and cross-sectoral work on public finance for children. This will be achieved through capacity-building and upstream advocacy with the Government and partners for evidence-based policies, programmes, costed plans.

27. As coordinating agency for the Global Partnership for Education, UNICEF will support the strategic orientation and monitoring of the Bhutan Education Blueprint 2014–2024. Enhanced service delivery and cross-sectoral coordination will be emphasized, including capacity-building in the education workforce. The analysis of disaggregated data from a strengthened Education Management Information System.

(EMIS) and research, including on children with disabilities and who are out of school and on ECCD, will provide evidence to influence evidence-based legislative reform and enhance resource allocations. UNICEF will support the establishment of a robust education assessment system that emphasizes learning achievements, teacher skills and the better use of assessment findings.

28. A comprehensive conceptual framework and strategic plan for ECCD will be developed with key stakeholders. The establishment of a national ECCD coordination body is a priority. UNICEF will work to increasingly expand mobile alternative ECCD models to reach out to all children. Interventions will address the professionalization of ECCD facilitators through quality training and regularization of positions within the civil service.

29. UNICEF will prioritize inclusive education, further enhancing learning opportunities for vulnerable girls and boys, children with disabilities and from poor and rural communities. Strengthening the special education needs framework will be emphasized with partners such as the Royal Education Council, including teaching standards and curriculum adaptation at the national and subnational levels. Support to expanding schools providing special education needs services will complement the further development of Bhutanese Sign Language and the promotion of accessible learning spaces, including safe access for adolescent girls with disabilities to WASH facilities. In cooperation with the Disabled Persons Association, disability-focused civil society organizations (CSOs), UNDP and WHO, UNICEF will support the Government and partners to implement a national disability policy and inclusive budgeting, with increased advocacy aimed at enhancing readiness to ratify the United Nations Convention on the Rights of Persons with Disabilities. The early identification of children with disabilities, followed by a rapid neurodevelopmental assessment, will be strengthened in collaboration with the Ministry of Health.

30. To create an enabling environment for a quality education, integrated adolescent-friendly services, a review of the draft National Education Policy will be supported, as well as the strengthening of adolescent education, e.g., skills-based training for out-of-school and unemployed adolescents with the support of the Asian Development Bank, the diversification of secondary school curricula to address vocational, technical and applied-learning gender gaps. The transition to higher education and linkages between the education and labour sectors will be emphasized, with a focus on inclusivity, gender equity and strategies to address social norms underlying girls' low participation in higher education. Building on strong partnerships with the Ministry of Education, the Commission for Monastic Affairs and the Bhutan Nuns Foundation, UNICEF will support children and adolescents in monastic institutions and nunneries to strengthen the education curricula and ensure principles of inclusivity and gender equity.

31. Through community dialogue and a national media campaign, families will be empowered to recognize the importance of ECCD and respond positively to disability. Special efforts will be made to ensure that women's concerns and contributions are sufficiently addressed. In collaboration with CSOs, local leaders and faith-based organizations and through community mobilization, the knowledge and skills of children and adolescents to demand inclusive, gender-responsive education will be strengthened. The capacity-building of Government to develop a communication for development (C4D) strategy on ECCD and inclusive education will complement the dissemination of multimedia toolkits for use by families and service providers. The parenting education programme, provided through ECCD centres, will be made more participatory, fostering positive child disciplining, cognitive capital and early stimulation.

Child protection

32. This component will be focused on (a) increasing the capacity of the Government to strengthen inclusive, evidence-based child protection policymaking, legislation and programming; (b) improving the gender-responsive capacities of child protection, justice and other members of a cross-sectoral social services workforce; and (c) increasing the knowledge of children, adolescents and adults about the harmful effects of VAC, along with the strengthened capacities of parents, teachers and caregivers to prevent VAC, including alternative disciplining techniques.

33. UNICEF will strengthen national data generation and analysis capacities to ensure that a child protection management information system (CPMIS) gathers disaggregated data. UNICEF will support the integration of the nascent child helpline with the CPMIS to ensure the effective tracking of protection cases. Capacity development will be undertaken for the National Commission for Women and Children and others. It will provide technical support to use evidence for policy and legislative reform on specific issues, e.g., corporal punishment and the protection of children from online exploitation, complemented by strengthened advocacy with Parliament, the Government and civil society. The component support national-level research on child labour, child marriage, online abuse and exploitation and VAC thematic analyses, e.g., peer violence and bullying.

34. UNICEF will prioritize enhancing the capacities of social service personnel and their accreditation, including in the law enforcement and justice sector, empowering them to recognize protection concerns, particularly VAC, and to effectively respond to them. It will strengthen the implementation of protection legislation by improving the capacities of district women and child welfare committees and, the police and justice system. Specifically, it will work with the Royal Court of Justice, police and the Office of the Attorney General to institutionalize the diversion of children in conflict with the law. Child protection-related partnerships with the health and education sectors will be developed, with a focus on village health workers and school staff. The component is also aimed at increasing the capacity of the Commission for Monastic Affairs to prevent, recognize and report violence within monastic institutions and nunneries. The Royal University of Bhutan will be assisted in developing social work programmes and integrating protection training modules. An important aspect of this will be to address the prevention of child marriage and VAC with disabilities. This will involve addressing sociocultural norms, including implementing a comprehensive C4D strategy, and collecting evidence for enhanced advocacy.

35. Focused interventions will be undertaken at the community and family levels as well as directly with children and adolescents. Religious leaders will be engaged as champions of change. Parents of children aged 0–5 years. will be equipped with protection-related skills. UNICEF will work with youth groups to equip them with protection skills; a recently introduced joint programme with Government and civil society will be scaled-up.

Social policy

36. UNICEF will focus on two key results at the national and decentralized levels: (a) enhanced inclusive and evidence-based policymaking, targeted public finance for children and increased social protection system coordination to reduce multidimensional child poverty; and (b) the strengthened generation, further analysis and use of quality and disaggregated data and evidence to inform policymaking and social budgeting and monitor the situation of children, adolescents and women.

37. This component will support the Government and partners in the development, revision, implementation and monitoring of child-focused and gender-sensitive social policies, (e.g., National Child Policy, National Disability Policy), legislation and programmes in an equitable and disaster-informed manner, with a focus on the most vulnerable and a deeper understanding of multidimensional poverty deprivations. UNICEF will undertake advocacy and capacity-building for public finance for children, applying tested elements of gender budgeting methods. Interventions will include the development of investment cases, with attention to public spending efficiency. The Government and key partners will be supported to establish a more integrated and rights-based social protection system, with coordinated mechanisms, to comprehensively target child poverty.

38. The Government and partners will be supported to identify participatory, locally developed solutions that are equitable and gender-sensitive, while strengthening child-focused public sector investment and highlighting persistent inequities. Interventions in cooperation with other United Nations agencies will build the capacity of the national statistical system, including defining national statistical priorities, leading to the improved monitoring of the situation of the most vulnerable children, adolescents and women. In this context, current data gaps will be addressed through income-based models as well as the child-focused multidimensional poverty index (MPI). Engagement with development partners in the areas of statistics, data and knowledge will be enhanced.

39. At the decentralized levels, UNICEF will focus on awareness-raising on social policy priorities and monitoring, addressing key deprivations of children, adolescents and women. It will emphasize capacity-building on the core principles of results-based management, public financing for children and the formulation of equitable, gender-sensitive community development plans that increasingly benefit the most vulnerable. Building on its engagement with youth groups, UNICEF will enhance the participation of adolescent girls and boys in policy discussions.

Programme effectiveness

40. This component supports activities to ensure integrated and intersectoral programme implementation, management, technical and strategic assistance. It consists of monitoring and evaluation and cross-cutting strategies, such as advocacy, communications, fundraising and risk-informed programming.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	2 170	7 830	10 000
Education	750	8 100	8 850
Child protection	800	4 900	5 700
Social policy	550	1 900	2 450
Programme effectiveness	450	0	450
Total	**4 720**	**22 730**	**27 450**

Programme and risk management

41. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme in Bhutan. Annual meetings will take place with Government and main partners to review results, lessons learned and further improve implementation. Accountabilities of managers at the country, regional and headquarters levels are prescribed in the organization's programme and operations policies and procedures.

42. The Gross National Happiness Commission is responsible for the country programme coordination. A macro-assessment for the new programme cycle was completed and confirmed the Supreme Audit Institution's efficacy to conduct micro-assessments of all implementing partners. The joint United Nations implementation of the Harmonized Approach to Cash Transfers, routine programme monitoring and scheduled spot checks will ensure that resources are used for the intended purpose. Focus will be to increase programme and operational effectiveness and efficiency.

43. Successful implementation is subject to the mitigation of several risks: (a) the impending graduation from least-developed-country status, linked to decreasing external resources, which potentially impacts the funding environment for UNICEF; b) climate change and disaster impacts (e.g., earthquakes, glacial lake outburst floods, forest fires). To mitigate these risks, UNICEF will focus on strengthening its funding environment, including mobilizing additional resources (e.g., private sector); using enterprise risk management to monitor risks; maintaining and building alliances with key partners; and enhancing PF4C across all components. In addition, disaster management as a core area will complement the Government's identification of disaster risk reduction and climate-change mitigation as a 12FYP key result.

Monitoring and evaluation

44. The results and resources framework will form the basis for monitoring, while the costed evaluation plan will define evaluation activities. The country programme will employ monitoring on three levels, with attention to generating disaggregated data. At the first and second levels, it will measure performance by monitoring outputs. Working with implementing partners, UNICEF will identify bottlenecks and respond accordingly, embedding programme monitoring and ensuring standardized adjustments based on lessons learned. Disaggregation will provide insights into UNICEF contributions towards reducing disparities. Field monitoring will reinforce midterm, annual and mid-year reviews.

45. UNICEF will work with other United Nations agencies to strengthen data collection across sectors (national and subnational), particularly through technology, and to submit timely progress reports on implementation of the Sustainable Development Goals and the Convention on the Rights of the Child. In the context of "Delivering as one", UNICEF will support the institutionalization of the UN-Info online tool for monitoring and reporting on the UNSDPF, linking UNICEF programmes to the larger joint outcomes.

46. At the third level, emphasis will be on surveys at the national scale, allowing for subnational stratification. A multiple indicator cluster survey, which will be conducted in 2020, will support preparations for the 13FYP 2023–2027 of Bhutan as well as the UNICEF post-2023 country programme.

47. The country programme will use technologies for real-time data collection and the monitoring of programme results, including text messaging, social media and community-based reporting systems.

Annex

Results and resources framework

Bhutan – UNICEF country programme of cooperation, 2019–2023[1]

Relevant articles of the Convention on the Rights of the Child: All

Twelfth Five-Year Plan, National Key Result Areas: 3. poverty eradicated and inequality reduced; 6. carbon neutral climate and disaster resistant development enhanced; 7. quality of education and skills improved; 8. water, food and nutrition security enhanced; 10. gender equality promoted, women and girls empowered; 13: democracy and decentralization strengthened; 14: healthy and caring society enhanced; 16: justice services and institutions strengthened.
Sustainable Development Goals: 1– 6,8,10,13,16 and 17

United Nations Sustainable Development Partnership Framework outcomes involving UNICEF:

1. By 2023, the Government uses more reliable and timely evidence on people at risk of being left behind for policy and decision-making.
2. By 2023, vulnerable and unreached people access and use quality health, nutrition, protection, education, water and sanitation services.
3. By 2023, government institutions provide equal opportunities for all and women and vulnerable groups hold leaders accountable.
4. By 2023, the communities of Bhutan and its economy are more resilient to climate-induced disasters and biodiversity loss.

Outcome indicators measuring change that includes UNICEF contribution: percentage of women attending postnatal visit 1; percentage of girls (15–19 years) with anaemia; number of districts with improved sanitation (open defecation free); gross enrolment ratio at early care and childhood (ECCD) centres; number of districts with a fully functional women and child welfare committee

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2023, new-borns, children, adolescents and women have equitable access to evidence-based, quality, inclusive and gender-responsive health, nutrition and water, sanitation and	Percentage of mothers/new-borns receiving postnatal care B: 41%/30% T: 70%/60% Percentage of children vaccinated with diphtheria/pertussis/tetanus vaccine	Health Management Information System, multiple indicator cluster survey, National Health Survey, National Nutrition Survey.	1.1: Government and partners have improved capacity to provide quality health services for new-borns, children under the age of five years and pregnant mothers, including health services that are adolescent-friendly.	Ministries of Health (MoH), Economy (MoE), Agriculture and Forests (MoAF), Works and Human Settlement, Khesar Gyalpo University of	2 170	7 830	10 000

[1] Aligned with the United Nations Sustainable Development Partnership Framework 2019–2023

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
hygiene (WASH) services and adopt appropriate care practices.	B: 80% T: 95% (at least 80% in every district)		1.2: Government and partners have improved capacity to deliver nutrition interventions to reduce stunting and anaemia among children under the age of five years and reduce anaemia among adolescents. 1.3: Government and partners have improved capacity to strengthen WASH services in communities and institutions.	Medical Sciences of Bhutan and other academia, Jigme Dorji Wangchuck National Referral Hospital, dzongkhag administrations, United Nations agencies, World Bank (WB), Asian Development Bank (ADB), civil society organizations (CSOs)			
	Prevalence of anaemia among adolescent girls (10–19 years) B: 31.3% T: 17.9%						
	Percentage of children (6–23 months) fed a minimum number of food groups B: 15.3% T: 30%						
	Percentage of people using basic sanitation services B: 63% T: 95%						
	Percentage of population with a hand-washing facility with soap and water available at home B: 87.4% T: 95%						
2. By 2023, children and adolescents, especially the most vulnerable, increasingly benefit from quality, inclusive and gender-responsive education.	ECCD net enrolment ratio (overall/boys/girls). B: 21.8%/21.2%/22.4% T: 50%/50%/50%	Annual education statistics	2.1 Government and partners have increased capacity to strengthen inclusive and evidence-based policymaking and programming for education. 2.2: Government and partners have increased capacity to provide quality and inclusive early learning and education for children and adolescents. 2.3: Children, adolescents, caregivers and communities have increased capacity to demand quality and inclusive early learning and education.	MoE, MoH, MoAF, Ministry of Labour and Human Resources, academia, Commission for Monastic Affairs, district administration, CSOs, United Nations agencies, WB, ADB	750	8 100	8 850
	Adjusted net basic enrolment ratio (overall/boys/girls). B: 95.5%/96.4%/94.6% T: 100%/100%/100%						
	Emergency Management Information System providing disaggregated data at various levels B: Partially T: Fully						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
3. By 2023, children and adolescents, especially the most vulnerable, increasingly benefit from quality, inclusive and gender-responsive child protection.	Number of districts and municipalities that implement National standard operating procedures for the protection of children from violence, abuse and neglect through fully functional women and child welfare committees B: 0/20 T: 3/20	National Commission for Women and Children (NCWC) reports	3.1 Government and partners have increased ability to strengthen inclusive and evidence-based policymaking, legislation and programming for child protection. 3.2 Social service workforce and the justice sector have increased capacity to provide quality and inclusive child protection and justice services. 3.3 Children, adolescents, caregivers, communities and service providers have increased capacity to prevent, recognize and respond to violence against children.	NCWC, other line Ministries, Judiciary, Police, Academia, Commission for Monastic Affairs, CSOs, United Nations agencies	800	4 900	5 700
	Number of girls and boys who have experienced violence reached by health, social or justice/law enforcement services B: 0% T: 50%						
4. By 2023, children and adolescents, especially the poorest and most vulnerable, benefit from increasingly equitable and gender-responsive social policies at the national and subnational levels.	Number of children living in monetary or multidimensional poverty B: 33.9% T: TBD	Multidimensional Poverty Index /Child Multidimensional Poverty Index	4.1 Government and partners at the national and decentralized levels have increased capacity to advocate for and strengthen inclusive, evidence-based social policies, legislation, programming and budgeting for children, adolescents and women. 4.2 Government and partners have strengthened the generation and utilisation of quality and disaggregated data and evidence, to further analyse multidimensional child poverty and vulnerability, inform policymaking and social budgeting, and monitor the situation of children, adolescents and women.	Gross National Happiness Commission (GNHC), line ministries, National Statistics Bureau, NCWC, Royal University of Bhutan/Oxford Poverty and Human Development Initiative/academia, district administration, CSOs, United Nations agencies, WB, ADB	550	1 900	2 450
	Share of public spending on health and education. B: 26% T: TBD	MoF budget Reports					
	Number of adolescent girls and boys who participate in or lead civic engagement initiatives through UNICEF-supported programmes. B: 100 T: 1250	Programme Reports					
	Mothers and caregivers with knowledge of at least five essential family practices. B: TBD T: TBD	Knowledge, Attitudes and practices (KAP) study					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
5. Programme effectiveness: The country programme is designed, implemented, monitored and evaluated effectively, efficiently and on the basis of evidence to deliver quality, inclusive and gender-responsive results for children, adolescents and women, especially the most vulnerable.	Country programme meets organizational standards on results-based management. B: Yes T: Yes Other pertinent indicators will be developed at implementation phase.	Programme Evaluation Reports	5.1 Programme coordination: UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes. 5.2 External relations: UNICEF staff and partners are provided guidance, tools and resources for effective communication on child rights issues with stakeholders. 5.3 Communications, advocacy and partnerships: UNICEF staff and partners are provided guidance, tools and resources for effective communications, advocacy and partnerships on child rights issues with stakeholders.	GNHC, Ministry of Foreign Affairs, United Nations agencies	**450**		**450**
Total resources					**4 720**	**22 730**	**27 450**